4414	7	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI		g. NO.	6	O	1 2
÷ 33		YPE OR PRINT!	0.01	MIDDLE	W	EBER.		2a. DATE OF DEA	TH MONTH		83	HOUR_
page 3	3.	SEX	4. RACE	ence	5. DATE C		Sr.	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER		FUNDER 24 HRS
		Male	Whi	te	8 MONTH	20 192	27	56	YRS	MONTHS	DAYS	HOURS MIN,
H CANADA	70	BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MA	RRIED T	9. BALTIMORE C			НТА	-11-90
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by the liled will record the liled will be the l) 10	CITY OR TOWN OF DEATH Baltimore	1 11. NAME OF	HOSPITAL, NURSI THE FACILITY, GIVE STREE DLAT	T ADDRESS]	ed. Cen	UTION Ter	120. USUAL OCCU (TYPE OF WORK FOR A Insulat:	MOST OF WORKING	SUPE) INDU	DOLKI	Tocker ation
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4.2 sl	14	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S A	MAIDEN NAM	AE MID	DOLE		LAST	
lona ax		Joseph		eber		Ethe.	1			Fold	lerau	er
ges	16	WAS DECEASED EVER IN	U.S. ARMED FORCES? #F YES, GIVE WAR OR DATES)	16b. SOCIAL SEC		17. INFORMAN			ADDRESS			
S. Po		Yes	Korean	212-22-	0975	Lois	Weber	(same as	13e)			ATE INTERVAL
n. tos been signed by the att permit. Then please remave ne prior to burial, crematio ws any injury, ar ather trau	CERTIFICATION	PART 2. OTHER SIGNIF	diate the last. CONDITIONS CO	R AS A CONSEQUENT RIBUTING TO WILLIAM ITION FOR WHICH	DEATH BUT			NAL DISEASE OR	20b. IF	GIVEN IN P.	FINDING AUSES O	SS USED F DEATH?
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s the burn and Me	A COLOR	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION	1	CITY	YORTOWN	COU	NIY	STATE
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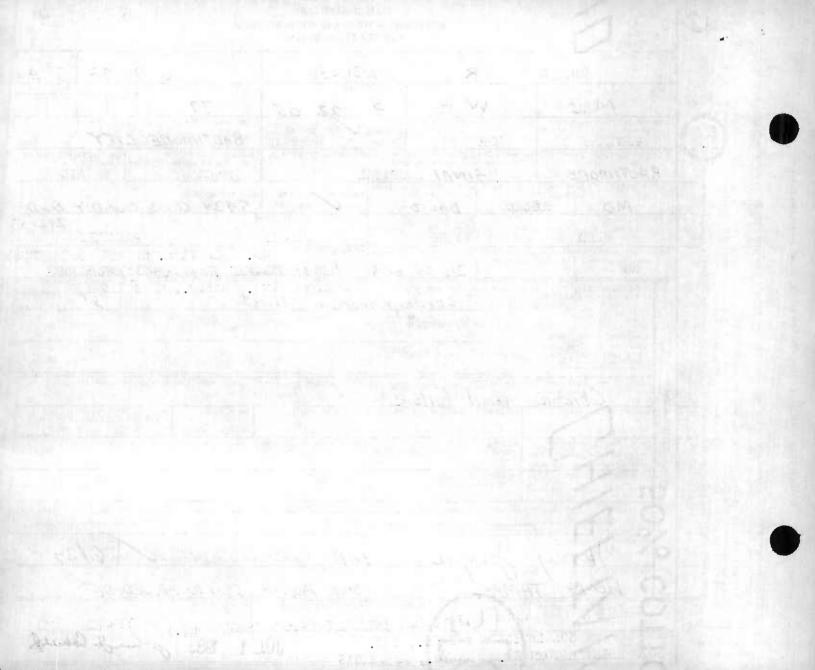
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noy be	I. DE	enbert First	Michael	WEBSTER S. DATE OF BIRTH	20. DATE OF DEATH MONTH 6 / 7 / 93 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 7:40 A IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge 4 n	Tr. El	MALE RTHPPAGE INTERPREDICT	CAUCASION TO CITIZEN OF WHAT COUNTRY	Sept PAY 1961 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
ofter death	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	WIDOWED . DIVORCED	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WARKING	
hours hours	USU/S	AL RESIDENCE (IF NURSING HOUSE OF TATE OUT	TOTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	A Ave 19944
RE, MARYLAND scuted within 24 d campletely fille s I and 2 should cobecominer mb		Robert Jo	seph Webs	ter Jacque	LINE MIDDLE	PhippiN
A e e e e e e e e e e e e e e e e e e e		ES, NO PRUNKNOWN)	med Porces? 166 SOCIAL SECTION (185) 214-60-	8011 theresa	HARDY Web	sten See Sec 13
201 W. PRESTON ST., res that the death certific ned by the attending phypicose remove carbon prioris, cremation, or removy, or other froumatic even	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	accretral bel	MINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH VEN IN PART 110
he low r on. hos bee t permit.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
DIVISION OF VITAL ING PHYSICIAN: The r attending physicion as the buriol-tronsis ith and Mental Hygies orked or Item 18 she	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE ON TWHILE AT WORK AT WORK	HOUR A.M. MONTH D	19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2) COUNTY STATE
OR ATTEND he hospital or DIRECTOR, a coche far use Dept. at Heol		22a. I certify that (I) (this hosp	of old ottended the deceased from the view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	, 19 8 3 , that (I) (we) lost our and from the couses stated
TO HOSPITAL TO FUNERAL Should be deter with the Store		27d PHYSICIAN'S NAME (TYPE OF WEDE)		220 ADDRESS 22 S. Gre	ene St. Bal	et Md. 21201
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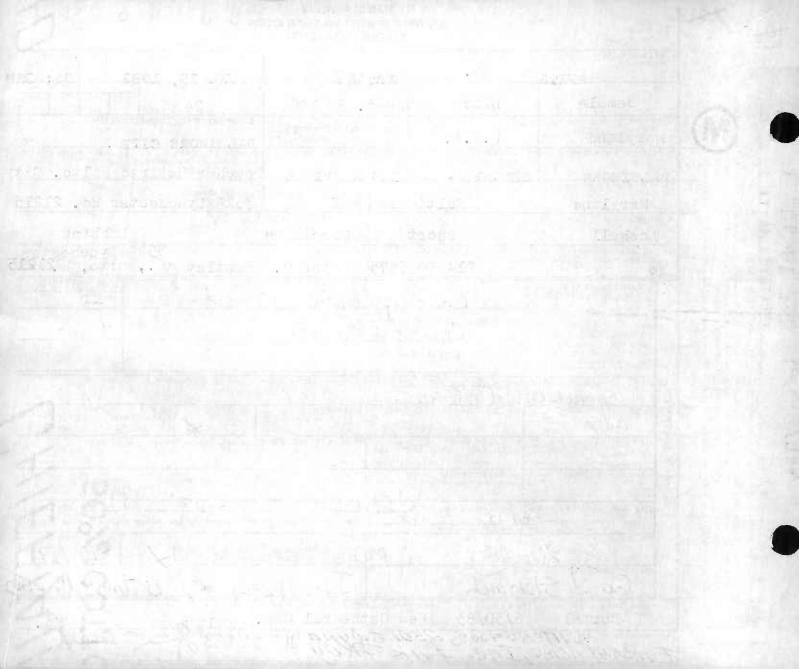
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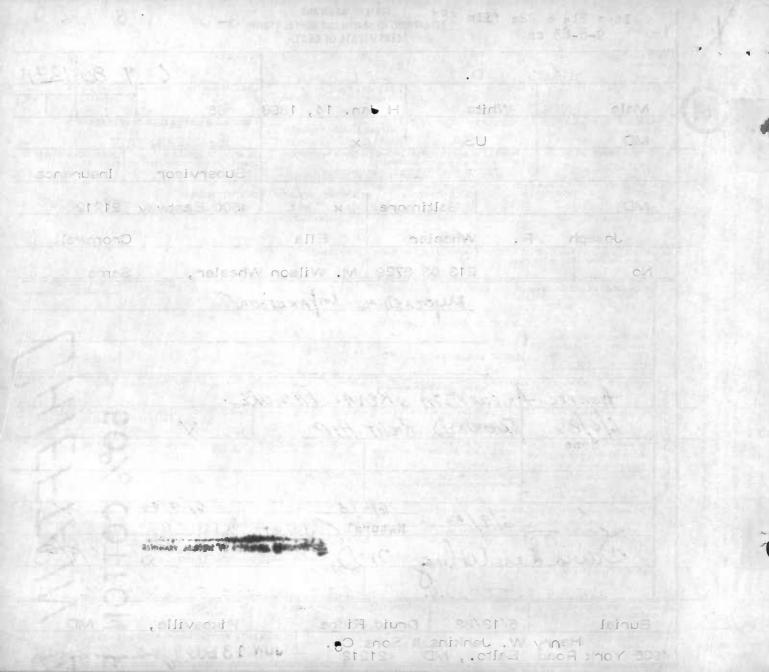


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the hospital the hospital the hospital the bospital to DIRECTOR the Dept. of H it frem 21 is		saw the deceased alive above, (I) (we) (did) (did)	on	er death.	[ed that in (my) (our) opi	NG MEDICA	L_ STA	FF	224 DATES	
retoined by the TO FUNERAL (should be deto with the Store [IMPORTANT: If		22d. PHYSICIAN'S NAME CTYPE	romes Von	ي	Ĭ,	PHYSICIA 220. ADDRESS Bulhw	en Ch	PHYSIC	splus		
BP	Re	urial, cremation, remova specify) leased to Hosp		23c. 1	NAME OF C	METERY OR CREMATO		CATION		OUNTY	STATE
NH - 16 50M 1/B1 (VRA 15, 4)		altimore City	Hospitals	ADDRESS		250	AUG 0	1983°	25b. REGISTRA	R'S S ONAL	mulf

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3. SEX Male White Wh	the same	I. DE	CEASED NAME FIRS		EMORY	WHEA		REG. N.		26. HOUR 2:15P
BBRITHPLACE (STATE OF FOREIGN COUNTRY) BMARRIED NEVER MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH USA WDOWED DWORCED BALTIMORE CITY MARRIED NAME OF HOSPITAL, NURSING HOME OF OF HER INSTITUTION 178. USUAL OCCUPATION 179. USUAL OCCUPA	b b b b b b b b b b b b b b b b b b b	3. SEX				MONTH	BIRTH DAY YEAR		MONTHS I	YEAR IF UNDER 24 HRS
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14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SCOLIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. STREET ADDRESS 1. AST 18. STREET ADDRESS 18. SCOLIAL SECURITY NO. 17. INFORMANT 18. MIDDLE 18. SOLIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S ADDRESS AD EVER IN U.S. ARMED FORCES? 16. SCOLIAL SECURITY NO. 17. INFORMANT 18. MOTHER'S ADDRESS AD EVER OF M. 210. OR AS A CONSEQUENCE OF 18. SCOLIAL SECURITY NO. 17. INFORMANT 18. Wheat, 25. Aberdaen Avenue 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one couse per line for (a), (c), and	by the fune filed within	B	ALTIMORE	"VA" ME	DICAL CEN	TER BA		TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	STRY
Vernon Wheat Lilly Spealman Note	hould be	Mar	iŷland H	one or other institution COUNTY CARGORD	130 CITY OR JOWN Aberdeen	n l'	YES X NO	25 Aberdee	n Avenue	21001
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RENAL FAIL URE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ohy, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCORDITIONS UNDERLYING 2116, ACCORDITIONS UNDERLYING 2117, ACCORDITI	s 2 pud 5 2 1		Vernon				Lilly	MIDDLE	Spe	alman
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TO THE TOTAL PROPERTY OF THE P	- × 6	FICATION			ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED USES OF DEATH?
	cate hos ansit per Hygiene 18 shows	CERTI		OF DEATH 216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR			
	use os the buriol-fransit fealth and Mental Hygie is marked ar Itom 18 sho	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (X (this	21e PLACE ((AT HOME, STR hospital) attended th	e deceosed from	Mau	211 LOCATION STREET	city OR TO	19	3, that 0((we) la
obove, (M/we) (did) (did) of our view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	etoched for use os the buriol-trar te Dept. of Health and Mental by I; If Item 21 is marked ar Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK 22a.1 certify that (X (this sow the deceased oil above. (X (we) (did) (expectation))	hospital) attended the reson. June 2	e deceosed from	May 83, and	1983 I that in (our) opinion EGREE ATTENDING PHYSICIAN	, to	19 8 pate and hour and from 22c l	3_, that & (we) la in the causes stated DATE SIGNED



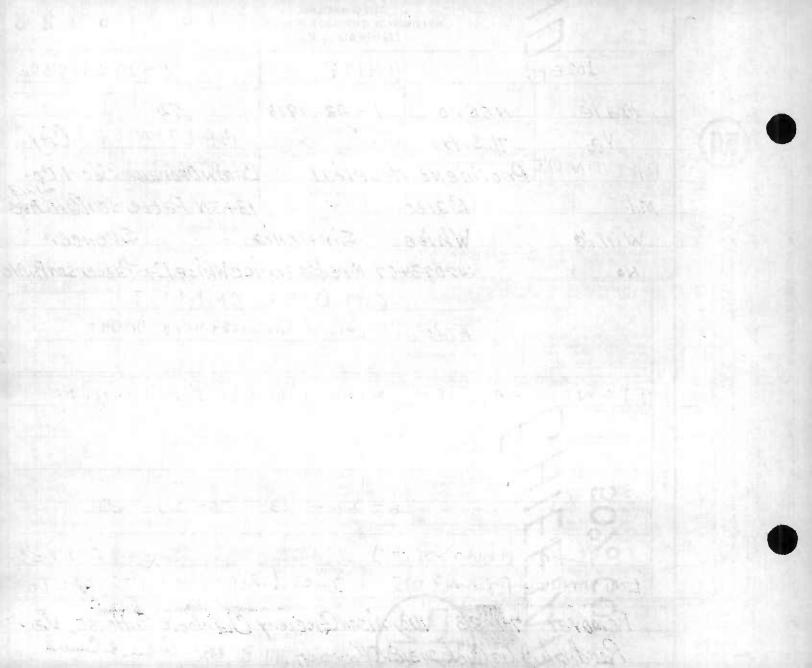


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moth. Proped may be read to che. people 3 fr. to the death	3. SE	MALE	RACE BLACK CITIZEN OF WHAT COUNTY	S. DATE OF BIRTH MONTH TRY? 8. MARRIED NEW	Y SEAR 6.	AGE IN YEARS LAST BIRM New born BALTIMORE CITY OR	YRS.	2b. HOUR IF UNDER 22 HAS HOURS MIN.
hours after d in by the 1 be liked on the lost feed on th	USU	ITY OR TOWN OF DEATH 11 OUT 1 1057 AL RESIDENCE (IF NURSING HOME OR OT STATE)	I. NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S WWW USES HI INSTITUTION, GIVE RESIDENCE F 13c. CITY OR	URSING HOME OR OTHER STREET ADDRESS) TO OF MC BEFORE ADMISSION)	wyland!	2a. USUAL OCCUPATIO TYPE OF WORK FOR MOST OF THE		21217
and within 24 implements the condition of the condition o	14. F/	ATHER'S NAME FIRST MID	BAL LAST	YES Z	HER'S MAIDEN NAME	de MIDDLE	berland S	١.
A A SALIIMORE A SALIIMORE A SALIIMORE DE EXECUTACION end conton paper. Poges or removel.		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E IMMEDIATE (ane cause per line far (a), (b	lio-Respli	ratory z	addres		MATE INTERVAL SHISET AND DEATH
RDS, 201 W. PREDA equires that the dea n signed by the atte Then please remove to burnal, cremation rejory, or other traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSI	EOUENCE OF	ATED TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PART 11c	
N. The fow in system. costs hos bear ontail permit. Hygiens prior (8 shows page	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	HICH OPERATION WAS PE		20a AUTOPSY? YES NO O	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES TO THE TENT OF PART 2)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir r attending physician Whet this certificate hos been sig on the buried thromat permit. Their th and Mental Hygiens prior to be orked or been 18 shows day injury	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 11d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH P.M. 218. PLACE OF INJURY (AT HOME. STREET, FACTORY, OF	19 21f. LOC	CATION STREET	CITY OR TOW	N COUNTY	STATE
HOSPITAL OR ATTEND mad by the hospital or FUNERAL DIRECTOR! A build be defacted for one in the State Dept. of Heal BORTANT: if frem 21 is m		22a. I certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did not) v 22b. SIGNATURE 22d. PHYSICIAN'S NAME LEAPFOR PE	view the body after death.	6-7-11	ATTENDING PHYSICIAN []	Ath accurred an the date MEDICAL STAFF DIRECTOR PHYSICIA	e and haur and from the	
0 € 2 € 5 § —		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal UNERAL DIRECTOR	6/9/83	23t. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	1.	Anatomy Boa	rd	Balto., Md	22.24.4	1 3 1983	Sh. REGISTRAR'S SIGNAT	URE

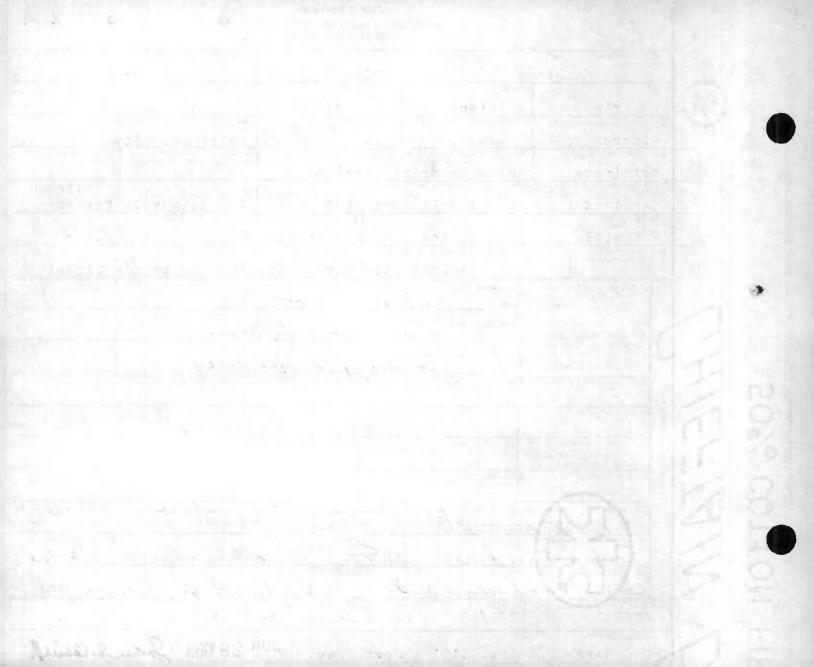
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	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYL BEALTH AND FICATE OF I	MENTAL HY	GIENE 8	3 REG. N	0.	6 0	2	2
٣£		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		2a. DATE	OF DEATH	MONTH [DAY YEAR	2b. HOU	JR
death death			DA_		L.		HITE		JUN:		1983			16A1
	3. SE		16,81	4. RACE		5. DATE	DF BIRTH	YEAR	6. AGE (II	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER	24 HRS MIN.
BE RANGE		Female			lack		27	2 ^{YEAR}		56	YRS.			
	N B	RTHPLACE (STATEORICOUNTRY) 1. Caroli	na	76. CITIZEN OF U.S	. A .	WIDOW		VORCED [ORE CITY O				MD.
filed filed		TY OR TOWN OF DEA ALTIMORE		(IF NOT IN SUC	H FACILITY, GIVE S	RSING HOME (TREET ADDRESS) OPKINS				L OCCUPAT ORK FOR MOST C		126. KIND (INDUSTRY		SS OR
should be ner must be	13a. S Ma	AL RESIDENCE (# NURS STATE Lryland	ING HOME OR		Balt		13d. INSIDE C	NO 🗆	1822	T ADDRESS E i	B i dd1	e Str	eet	2121
ond 2		Will		MIDDLE	Pop	е		S MAIDEN NA	ME	WIDDLE		Par	ker	
Poges 1	16a. V	VAS DECEASED EVER (ES NO OR UNKNOWN) NO	IN U.S. AR	MED FORCES?		SECURITY NO.	17. INFORMA		- 10	ADDRI				
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n signed by the attending phys Then please remove carbon pay to buriol, cremation, or remove injury, or other traumatic event,	Z	Conditions, if any, gave rise to impresse (a), stating underlying couse	which nedicate gast.	DUE TO, O (c)	PARLLAR RAS A CONSI RAS A CONSI LEPATU	EQUENCE OF	NOT RELATED) TO THE TERA	MINAL DISEA	ase or con	DITION GIV	i gen	ers	no
hos been to permit.	CERTIFICATION	190. DATE OF OPERA	1		TION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	20a AU YES	TOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	NGS USE S OF DEAT	TH?
his certificate h burial-transit is Amental Hygies or Item 18 sha		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CALEXAMINER	TH HOUR A.	M. MONTH M.	DAY YEAR		JURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18 P.	ART 1 OR PART 2)		
After this ie os the bu olth ond M marked or	MEDICAL	21d. INJURY OCCURI	ILE	21e. PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	NC		CITY OR FO	WN	COUNTY	*	TATE
TO FUNERAL DIRECTOR: Al should be detached for use c with the State Dept. of Healt IMPORTANT: If them 21 is mo		22a. I certify that (I) saw the decease above (II) we (ic 22b. SIGNATURE 22d. PHYSICIAN'S NA M:AR	ME (TYPE OF	t) view the bady R PRINT)		19 <u>83</u> .	22e. ADDRES	ATTENDING PHYSICIAN [MEDICA DIRECTO	L STA	FF CIAN 2	22c. DATI	SIGNED	3
. S.		URIAL, CREMATION,	REMOVAL	236. DATE 7/2/	83	23c NAME OF C	iew Me	em. Pk		CATION I'P L'I'm	ore	°%,	Мd	IATE
16 50M 4/82		JNERAL DIRECTOR	D /		1 0 1 1000	FSS-		25a. DA	TE REC'D. BY	REGISTRAR	256 ASGISTI	rar's signa	TURE	
A 15. 4)	WI	n C.March	F/H	Inc.1	TOI E	North	Avenu	ie U	N29	1983	ma	480	Advad	a.

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3	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE	NE 8 3	1 6	0 2	4
4 m£ -x		CEASED NAME FIRS	Ť	MIDDLE		AST		O. DATE OF DEATH	MONTH DAY	YEAR 2b. H	OUR
A # 0			lson		Whi	te			6 25 8	3	м
no mo	3. SE	x	4. RACE		5. DATE C		YEAR 6	AGE IN YEARS LAST BIR	THDAY) IF UND	ERIYEAR IF UN	DER 24 HRS
· MIMI		Male	B1	ack	6		8	5.5	YRS.		, Anna
g 4	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MAR	PIED 7	BALTIMORE CITY O	R COUNTY OF DI	EATH	
death. Page funeral direct thin 72 bear		.Carolina	U.S	.A.	WIDOWE			Baltimor	e City,		MD.
offer of with		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)			20. USUAL OCCUPATI TYPE OF WORK FOR MOST O	ON 12b	KIND OF BUS DUSTRY	INESS OR
2120 hours d in by the file		altimore AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	Memoria		spital				0100	2
No selle	130.	aryland 13b. C	OUNTY	Baltin	N	13d. INSIDE CITY I	LIMITS? 1	408 E.La	nvale S	2120 Street	
E, MARYLAI completely f completely f l ond 2 sho	14. F/	Charlie	MIDDLE	White		15. MOTHER'S MA		MIDDLE		LAST	
BALTIMORE, MA Offe be executed sysicion and comp ppers. Pages 1 on vol.		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT		408 E. L		Stree	t
RECORDS, 201 W. PRESTON low requires that the death ce signed by the attending emit. Then please remortion, or to e prior to burnal, cremation, or to	CERTIFICATION	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying cause los PART 2 OTHER SIGNIFICATION.	DUE TO, C		NCE OF			ALDISEASE OR CON	DITION GIVEN IN	E FINDINGS U	JSED FATH?
	E							YES NO	YES 🗌	NC	
ON OF VITAM TYSICIAN. Th ding physicio sis certificate. Tronsit Mental Hygie or frem 18 sho	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJUR	Y OCCURREI	O (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	₹PART 2)	
ISI P P P P P P P P P P P P P P P P P P P	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TO	wn co	OUNTY	STATE
ENDI tol or or use f Heal		22a. I certify the (1) (this sow the deceased alignment (1) (we) (did vid	hospital) attended t	6/24 10 8		d that ir (my) (our	9 79 r) opinion de	, to to or the de		from the couse	
Che Che Per Per Per Per Per Per Per Per Per Pe		27b. SIGNATURE	Frede	nau s	Mar	ATTE- PHY:	NDING SICIAN	MEDICAL STAI		6/27	183
TO HOSPITAL (retoined by the TO FUNERAL [should be deto with the Stote [IMPORTANT: #		Ca-1 S. F.			0.	660 Ke	enila	oth Dr.	, Tows	m, N.	id.
BP		BURIAL, CREMATION, REMO	7/1/			Auburn		Baltimo	re	M e	d.
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director m C March I	F/H Inc.	1101 E	Nort	h Ave.	JUN 1	2 8 1983	25b DEGISTRAR'S	SIGNATURE Q. Com	el



	STATE	OF I	MARYL	AND
_				

	1	REGISTRAR			CERTII	ICATE OF DEATH	REG.	NO.			
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY	YEAR	2b HOUR
	(TIPE	LOUIS	SE	H.	WH	ITMORE		6	6	83	TYO PM
	3 SEX	Х	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST I			DER I YEAR	IF UNDER 74 HRS
		Female	Whi	te	MONT	15 93	89	YRS	MONTH	S DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- C	9 BALTIMORE CITY			EATH	
2		ryland	U.S.	Α.	WIDOW	D NEVER MARRIED DIVORCED		3917	S to 200	n C	ity MD.
7	10 CI	ITY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12	b. KIND C	F BUSINESS OR
	Ba	Itimore	111	CSTA 67	,	and Hospital	Housewif	e working	LIFE) IN	IDUSTRY	
-		AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION		1				
)	Ma	aryland	The second	Baltimo		13d. INSIDE CITY LIMITS?	268 Oak1	ee Vi	11ag	ge 2	1229
N	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				LAS	
1	V	Gottfrid		Nowe	ck	Henrett	ta			Mal	enalski
1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT		RESS			
		NO		213-32-8	369	Shirley L. H	Hayek 10106	Co1a	nial	Dr.	21043
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per	fine for (a), (b), and	d (c).)					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
			ATE CAUSE (a)	Condo	eie	Amest					5 mins.
		4100	DUE TO, O	R AS A CONSEQUE	NCE OF						
		Conditions, if ony, which	(b)_	Myoc	a dix	il Inter	works			9	necks
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				0		
		underlying couse lost.	(c)_	Coron	any	heart	disease				124
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION (SIVEN IN	PART 1	0
7	CERTIFICATION										
1	CA	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?				OF DEATH?
	RT						YES NO		YES [NO 🗌
1		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C	M. MONTH DA	YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	B PART I C	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	-	M	19						
	WED	21d INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR	NWO	(OUNTY	STATE
		AT WORK NOT WHILE AT WORK									
	13	-22a.1 certify that (I) (this has		e deceased from			to		19		that (I) (we) lost
		sow the deceased alive a	of view the body	pftgr dpath. C		nd that in (my) (our) apinion	death occurred on the	date and h			
		33 SIGNAFULE	Jo 8	Valbe	0.	DEGREE ATTENDING	MEDICAL ST	AFF		22c. DATE	SIGNED
		- Cook	X4 8	SAMO	N	PHYSICIAN [DIRECTOR PHYS	ICIAM		6/	6/55
		22d. PHYSICIAN'S NAME (TYPE	. <1	~ /	111	22e ADDRESS	= 4	·w		11 -	1 6
		Charles !		eche n	ر ب	1 Univer	sity of	101	0-	NO:	DIM.
	230 B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		cou	INTY 1	rmtate_n
		Burial	6/10/	83 B	altin	nore National	Baltimo	re		IV.	lary land

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

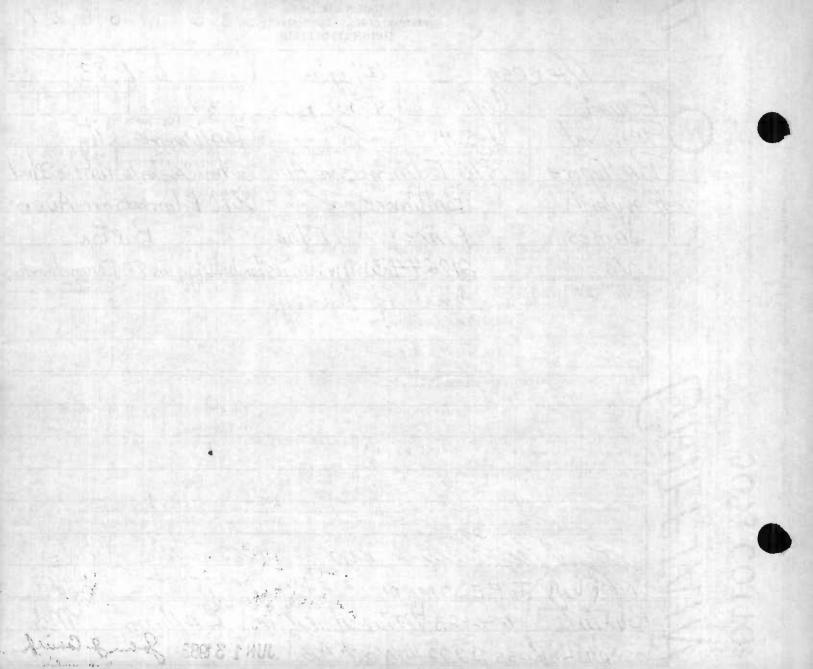
Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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-6	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 0 2 7 CERTIFICATE OF DEATH
nay be page 3	(TYPE	CEASED NAME PRIST OR PRINT!	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PSA Wiggins 6-1-83 M
Marton, F	2, SE	emple	RACE S. DATE OF MINH DAY YEAR G. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN CUTIZEN OF WHAT COUNTRY? B. CUTIZEN OF WHAT COUNTRY?
do do de	9	naryland	U.S.A. MARRIED NEVER MARRIED BATTIMONE CITY MD.
1201	JUSU	AL RESIDENCE (IF NURSING HOME OR OT)	(IF NOT TO SUCH FACILITY, ONE STREET ADDRESS) ON AND SON AND
YLAND 2 then 24 h then 24 h the displayed	13a.	THERE NAME	DAILIMOTE 13d. INSIDE CITY LIMITS? REET ADDRESS NO DES NO DES NO DES NO DES NO DES NO DES NO DE LA MONTO DEL MONTO DEL MONTO DE LA MONTO DEL
RE, MAR scured so tond con	16a \	Ames VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
ALTIMO de be ex pen. Pog of the med	_	(IF YES, GIVE WA	one cause per line for (a), (b), and (c), (f)
W. PRESTON ST., B of the death certifica by the attending phy se emore cathon pay trendilon, or remov		PART I. DEATH WAS CAUSED E IMMEDIATE C Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ORDS, 201 requires the requires the requirement of the piece of the pi	NOIL		DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law Conn. The law conn. E has be with permit permit permit permit printers printers.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
N OF VIII	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19
DIVISIO DIVISION PHO After this out the b	ME	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
ATTEND hospital of RECTOR and for use pit at these was 21 is a		22a I certify that (1) (this haspital) saw the deceased prive an abave, (1)(we) (did) (did nat) v 22b. SIGNATURE	
HOSPITAL OF FUNESAL DISTRIBUTE DE CHENTRAL DE CHENTRA		220 PHYSICIAN'S NAME (TYPE OR PR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 44
TO HOSP retained TO FUNI should b with the	230, F	MARVIN J	23b. DATE 123, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12
BP		Sur A	6-6-83 MT, Aubuly (an. SA) Times MOI
DHMH - 16 50M 7/77 (VR A 15 (4))	J	Seph L. Ru	155 222 W. North Ace JUN 1 3 1983 John & Court



2=	FOR STATE REGISTRAR	GIENE 8 3	6028		
o Meth	1. DECEASED NAME FIRS	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
O . w . O	HE	LEN V.	WILEY	JUNE 28, 1983	
The rate	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
3/32 2.0 .0	Female	Black	4 11 52	31 YRS.	
1166	76. BIRTHPLACE (STATE OR FOREIGH COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY	CITY MD.
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION REET ADDRESS! PRINCE HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
ither 24 hour resty filled in 1 2 should be 1	USUAL RESIDENCE (IF NURSING HO 13a, STATE 13b (Maryland 14. FATHER'S NAME FIRST	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 13c, CITY OR TO Balt	imore 13d Inside City Limits? YESXX NO 15. MOTHER'S MAIDEN NO FIRST		s Street 21213
AM B B W	Raymond	Wiley			Clark
MORE, MORE, Condition of Fagers (Vincential)	16a WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (18 Y)	S. ARMED FORCES? 16b SOCIAL SI S. GIVE WAR OR DATES) N/		ey 1006 N. Car	oline Street
ALTH BEALTH		er only one couse per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 10311	PART I. DEATH WAS C.	ALISED RY.	cresmatery And	est	10 mm
STON S reading recorbo on all re	Conditions, if ony, which	DUE TO, OR AS A CONSE			6 lins
hat the d by the o ose remo	gave rise to immedia couse (a), stating th underlying couse los	DUE TO, OR AS A CONSE	OUENCE OF Failure		
RECORDS, 201 Ilow require the control of the contr		ANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
he low re on. Permit. Permit. ene prior ows ony	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OF			IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ON OF VITA IYSICIAN: TI ding physici sis certificate buriol-stronsi Mentol Hygis refern.18 sh	OR CONTROLOUGHE CALISE	DE DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TO T	PART 1 OR PART 2)
O YH Sign	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STATE
TENDING Postol or otter the or use as the officer the or t	220.1 certify that (1) (this saw the second	hospital attended the deceased fro		n death occurred on the date and how	19, that (I) we) lost or and from the couses stated
ITAL OR ANY the host RAL DIREC detoched detoched into Dept.	226. SIGNATURE RUL	hard Hange	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/28/83
TO HOSPITAL C retained by the TO FUNERAL D with the Store IMPORTANT: If	22d. PHYSICIAN'S NAME RULT	ARD A LANGE	22e ADDRESS 600	OPKINS HOSPIT	BALTO. 21205, MD.
BP	230. BURIAL, CREMATION, REMO (SPECIFY) BURIAL		30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24. FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25 TEGIST	
DHMH - 16 50M 4/B2 (VRA 15, 4)	Wm "C" March	F/H Inc. 1101 PRE	È North Ave. JU	N291983 Ja	- Grane i

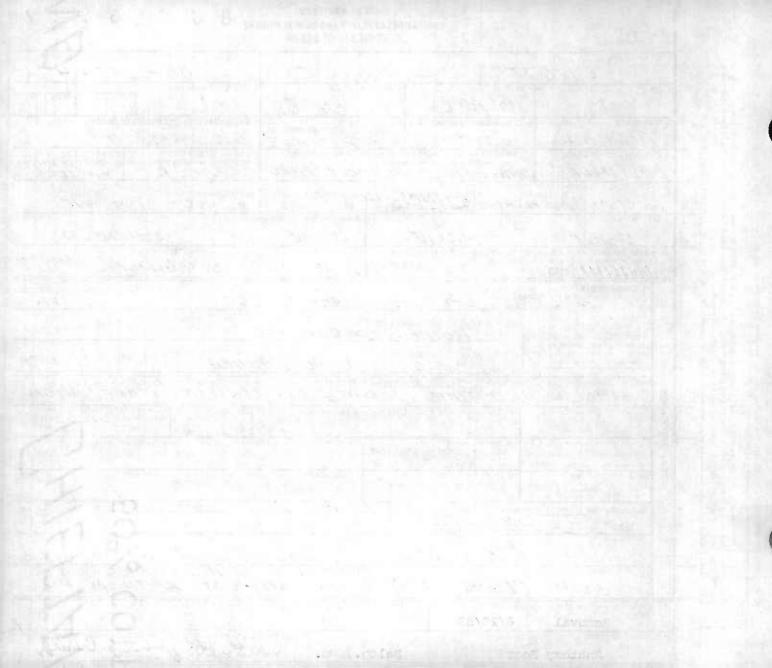
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ADDRESS

Anatomy Board

(VRA 15, 4)

Balto., Md.



2	\	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 0 3 0 CERTIFICATE OF DEATH REG. NO.
	tor, page 3 ofter death		CEASED NAME FIRST BESS	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IT UNDER 2 HRS
	director of the contract of th	70 B	FEMALE IRTHPLACE ISTATE OR FOREIGN	BLACK 06 09 1909 73 YRS.
	de of the other		S. C.	U. S. A WIDOWED DIVORCED BALTIMORE CITY, MD.
102	s offer		BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LENSON NURSING HOME 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) 122. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 123. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 124. WIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
AND 21:	hin 24 hours	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION) UNTY 13C, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS GIST AVENVE AVENVE OR OTHER INSTITUTION, GIVE RESIDENCE REPORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS GIST AVENVE
MARYLAND 2120	uted within	14. F	ATHER'S NAME PIRST Oavid	MIDDLE Brown IS. MOTHER'S MAIDEN NAME FIRST MIDDLE BELLE LAST Wartha
BALTIMORE,	be execut on and co s. Pages 1	16a. '	WAS DECEASED EVER IN U.S. AF	
201 W. PRESTON ST.,	equires that the death certificate signed by the attending physici. Then please remove carbon paper to burial, crematian, ar removal. injury, or other traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.	ONLY ONE COUSE PER LINE FOR (C), (b), OND (C), O
AL RECO	rician. te has bee te has bee giene prior	CERTIFICATION	190. DATE OF OPERATION 03/22/83	
DIVISION OF VITAL RECORDS,	HYSICIAN: ading physics certification burial-transfer in Mental Hy or Item 18	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH DAY YEAR
DIVIS	HOSPITAL OR ATTENDING in one of the hospital or offer FUNERAL DIRECTOR. After build be detoched for use as the first here better of Health or PORTANT: if them 21 is marked	8	sow the deceased alive or	spitol) ottended the deceosed from
	BP	23a.	BURIAL, CREMATION, REMOVAL (SPECHY) BUTICAL	1236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE MD
3	DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME VM. C. March	250. DATE REC'D. BY REGISTRAR 256 AUGISTRAR'S SIGNATURE

JUN 8 1983 Janua Canish :

5+1	-	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYG	IENE 3	1 6	0 3	3
			EASED NAME FIRST	MIDDLE	LAST			MONTH DA	Y YEAR	26 HOUR
y be		,	AOTIS		UILLIAMS			6 24	83	2:20P M
9e 4 mo		3. SEX	MALE	BLACK	5. DATE OF BIRTH	28	6. AGE (IN YEARS LAST BIRT	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS
O the Control	V		THPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED O	9 BALTIMORE CITY OF	COUNTY		MD.
s ofter d	23		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VA MEDICAL CENT	G HOME OR OTHER INSTI	ITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N		OF BUSINESS OR
24 hour 24 hour outed by thousand be thousand be the second by the second by the second be the second by the secon	3		L RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CH		13a. STREET ADDRESS			
MARYLA mpletely and 2 sh	90	14. FA	HER'S NAME	R. WILLIA	15. MOTHER'S		MIDDLE		1 CZ	ck
be execute on and con s. Pages 1	7			MED FORCES? 166. SOCIAL SECU WAR OR DATES) 241 36		RLEP	ADDRE	am s =	5149	HAZELWIN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician and compitely tilled in by as the burial-transit permit. Then please remove corbanopoers. Pages 1 and 2 hourd to the hand Mental Hygiene prior to burial, cremation, or removal.		z	Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost.	y one cause per line for (a), (b), on BY: CAUSE (a) Ma SSIFE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO I	pulyonan inceof thromboph inceof ilmonany	y em hlebit tube	His Evalusi Nal disease or cond	S ITTION GIVEN		MATE INTERVAL ONSET AND DEATH
AL RECORD he law req on. has been a t permit. The lene prior it ows any inj	9	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	28a. AUTOPSY?	20b. IF YES, YIN CERTIFYI	WERE FINDIN NG CAUSES	NGS USED OF DEATH?
DN OF VITAL R 1951CIAN: The I ding physician. is certificate has burial-transit pe Mental Hygiene ar them 18 shows	9	3	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR		ED (ENTER NATURE OF INJUR	IN ITEM 18 PAR	T 1 OR PART 2)	
DIVISION DING PHYS Or attendir After this e as the bu		MED	WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATIO STREET	IN .	CITY OR TOV	IN	COUNTY	STATE
O HOSPITAL OR ATTENDIN etained by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use with the State Dept. of Health	1		220 I certify that \$1 (this hospite saw this deceased alive an above. At (we) (did) (did not the same than the sam	ol) attended the deceosed from June 24 view the body after death. June 24 view the body after death. June 24 June 19 June 19	DEGREE AT P	TTENDING HYSICIAN	to June 24 Jeoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC RUEN BLUD. R	AND	22c. DATE:	SIGNED /25/83
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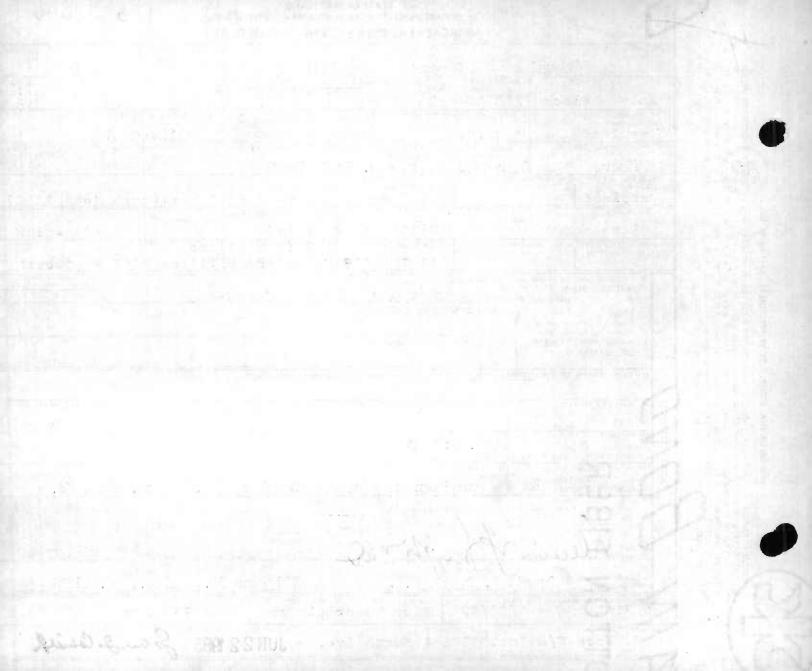
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3-10	Ĺ	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	100	3 3
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ge 4 moy	3. SE	M	NEGRO	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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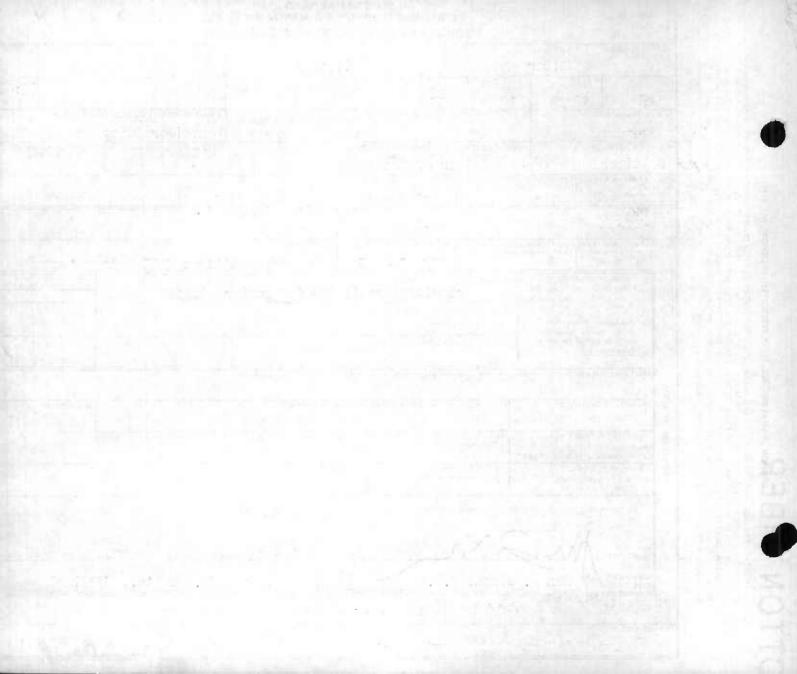
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23o.	BURIAL	CREMAT	TION, REMOVAL	6/25/83	23c. NAME C	F CEMETERY	OR CREMATORY		ATION ndalls			77.476
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	WORE, MD, 21201 R DEATH, IF ANY DELAY IS NECE AGES 1, 2, AND 31O THE FURER PORM PM 3. RETAIN PAGE 5 FVE S 1 AND 2 SHOULD BE FILED, WITH N OF VITAL RECORDS, 201 W. PRES	B	altimore	3	4903 Pa1	mer A	venue				FOR M	OST OF WORKING LIF	FE)	OR INDUS	STRY
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	DIVISION TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE WRITING TI PAGE 4 SHOULD BE PORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALLIMORE, MARYLAND, 21201 PRIOR	1 2	WHILE AT WORK	NOT WHILE AT WORK	STREET, FAC	TORY, FARM, E	TC.)		TREET			CITY OR TOWN		COUNTY	STATE
	ATE, TATE, ORW		22a. I certify	that I taak charge	e of the remains de	scribed abo	ive, held an	Autop	sy .	Inspectio	n X.	Inquiry ,	and in my	y opinion	
	MINI FECTO FILTH FILTH FILTH		death resulted	from: Nature	al causes 🔲 ,	Accident	, Su	icide 🗌	, Hamic	ide	Undete	rmined manner			
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	MED SE 4 PINA	-	EXAMINER'S N	AME Ann M	1. Dixon,	M.D.	-		ADDRESS_	111	Penn	St., Ba	Ito.,	Md 21201	
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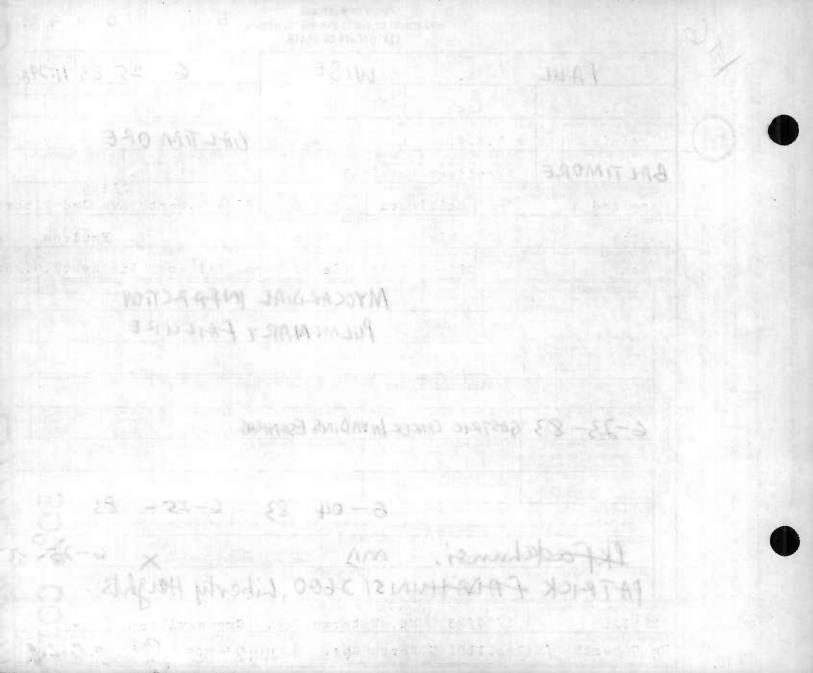
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10	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 S	16042
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4 92 00	Male	4 RACE Black	8 19 09	73	MONTHS DAYS HOURS MIN.
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AND 212 AND 212 filled in nould be	USUAL RESIDENCE (IF NURSING HOM 136. STATE 13b. CC Maryland	e or other institution, give residence before DUNTY 13c. CITY OR TOW Baltim	ore 13d. INSIDE CITY LIMITS?		21216 Ave.2nd Floo
mARYL, mpletely ond 2 si	14. FATHER'S NAME FIRST Obe	MIDDLE Wise	15. MOTHER'S MAIDEN NA FIRST Lula	AME	Paulson
n and can Pages 1	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECU 216-03-	RITY NO. 17 INFORMANT	ADDRESS	542 clin Ave.P.O.B
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed that and Mental Hygiene prior to buriol, cremation, or removal. Or shows any injury, or other traumatic event, the medical examiner flust be medically and the property of	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IT CONDITIONS CONTRIBUTING TO D		Y FAILUR	E
SICIAN: The low re ng physicion. certificate has beer uriol-tronsit permit. tennol Hygiene prior frem 18 shows gay if	190 DATE OF OPERATION 6-23-8 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHER MEDICAL EXAM) 210. INJURY OCCURRED	GASTRIC CANC DEATH HOUR A.M. MONTH DA P.M.	YEAR 19	WALC _ IN CER	VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SERVICE NO
DIVISION L OR ATTENDING PHY: the hospital or otherdii toched for use as the bu toched for use a	220.1 certify that (I) (this has sow the deceased alive	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F aspital) attended the deceased from on 19 o	ond that in (my) (our) opinion DEGREE ATTENDING	to 6-25- death occurred on the date and h	
TO HOSPITAL retoined by t TO FUNERAL should be det with the State IMPORTANT:	PATPLY 230. BURIAL, CREMATION, REMOV	PE OR PRINT! AL [23b. DATE [23c. P.	PHYSICIAN 220. ADDRESS 2600, L NAME OF CEMETERY OR CREMATORY	iberty Heis	hts.
BP	BURIAL		d. Veteran Cem.	Crownsville	
DHMH - 16 50M 4/B2	Wm CAMEMarch F	H Inc. 1101 ARRESSN		TE REC'D. BY REGISTRAR 256, REG	ISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 shauld be filled wire with the State Dept. of Health and Mental Hygiene priarta burial, cremation, or removal.

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND M

MENTAL HYGIENE CERTIFICATE OF DEATH

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3. SEX M. Jo. BIRT M. 10 CITY PA USUAL 130. S.L.	ALE THPLACE (STATEORFOREIGN 7) ATYLAND	I. RACE WHITE IS CITIZEN OF WHAT USA 11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT WHELL M. OTHER INSTITUTION GIVE RES	S DATE (S DATE (S DATE (F S D S DATE (F S D S DATE (MARRIE MARRIE	DE SE DIVORCED DE CONTRE INSTITUTION	6. AGE (INYEARS LAST BI	YRS DR COUNTY OF		PER HOURS		
M. 10. BIRT M. 10. CITY BA USUAL 130. SP	ALE THPLACE (STATE OR FOREIGN 7 ARYLAND (OR TOWN OF DEATH LT (MO RE RESIDENCE IN NURSING NOME OR CATE ATE STATE OR THE STATE OF T	I. RACE WHITE IS CITIZEN OF WHAT USA 11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT WHELL M. OTHER INSTITUTION GIVE RES	S. DATE OF THE PROPERTY OF T	DE BIRTH 15 1900 AR NEVER MARRIED DIVORCED DI	6. AGE (INYEARS LAST BI	YRS DR COUNTY OF	NDER I YEAR			
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10. CITY 13. A USUAL 130. ST	THPLACE (STATE OR FOREIGN 7 ANYLAND OR TOWN OF DEATH LT (MO RE RESIDENCE 18 NURSING POME OR CATE ATE YLAND BALT	b CITIZEN OF WHAT USA 1. NAME OF HOSPIT (IF NOT IN SUCH FACULT OTHER INSTITUTION GIVE RES	MARRIE WIDOWI AL, NURSING HOME (y, give street address)	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	OR COUNTY OF		NOOK3		
M. 10 CITY 13 A USUAL 130. SI	ARYLAND OR TOWN OF DEATH LT IMO RE RESIDENCE IN NURSING HOME OR CATE ATE BALTI	1. NAME OF HOSPIT (IF NOT IN SUCH FACILITY WELL M OTHER INSTITUTION GIVE RES	MARRIE WIDOWI AL, NURSING HOME (y, GIVE STREET ADDRESS),	DIVORCED	ci	TX	DEATH	13		
10 CITY BA USUAL 130. ST	OR TOWN OF DEATH LT IMO RE RESIDENCE IF NURSING HOME OR CATE ATE BALTI	1. NAME OF HOSPIT (IF NOT IN SUCH FACILITY MFC NOTHER INSTITUTION GIVE RES	AL, NURSING HOME (y, give street address), Wester Ho	DIVORCED	C	TX				
BA USUAL 130. SI M	RESIDENCE IF NURSING TOMEORCATE ATE ATT ATT ATT ATT ATT ATT	(IF NOT IN SUCH FACILITY MFL N OTHER INSTITUTION GIVE RES	Wester Ho	OR OTHER INSTITUTION	12					
130. SI	aryland BALT	TMORE 134 C		me.	TOREMAN		26. KIND OI NDUSTRY BREW	ERY		
	HER'S NAME	11.01.13	IDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 112 RAS	SPE AVE	NUE	?13		
	OHN WISEMAN "	BOOLE	LAST	CATHERII			LAST			
	AS DECEASED EVER IN U.S. ARM 5, NO OR UNKNOWN) (IF YES, GIVE NO		3101742	17 INFORMANT MILDRED E.	. WISEMAN		SPE A	AVE.		
1	8 CAUSE OF DEATH (Enter only	one cause per line for	(a), (b), and (c).)				APPROXIA	MATE INTERV		
	PART I. DEATH WAS CAUSED	BY.	CINOMA	LUNG MET	+ Ron.	1.	A	440		
	1129 9 IMMEDIATE	CAUSE (a)	CINDIMA	FUND MET	16 13/17/	3/		nuce		
	1021	DUE TO, OR AS A	CONSEQUENCE OF							
1 1.	Conditions, if any, which	1								
	Conditions, if any, which (b) gove rise to immediate									
	gove the to immediate) couse (a), stating the) DUETO, OR AS A CONSEQUENCE OF									
1 1	underlying couse last.	1 DOL TO, OK AS A	CONSCIONCEO							
	(c)									
_ P	ART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB								
o l			UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN I	N PART No			
			UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN I	N PART No			
A 19	n DATE OF OPERATION									
ICAT	DATE OF OPERATION		OR WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS USED		
TIFICAT	DO DATE OF OPERATION						RE FINDIN	GS USED		
SERTIFICAT	DO DATE OF OPERATION		OR WHICH OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN G CAUSES	GS USED OF DEATH		
CERTIFIC		19b. CONDITION F	OR WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN G CAUSES	GS USED OF DEATH		
	10. ACCIDENT WAS UNDERLYING	19b. CONDITION F	OR WHICH OPERATIO	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN G CAUSES	GS USED OF DEATH		
	In. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH	19b. CONDITION F	OR WHICH OPERATIO RY ONTH DAY YEAR 19	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN G CAUSES	GS USED OF DEATH		
NEDICAL 2	DO. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER) To be contributed to the contributed of the contribute	216. TIME OF INJUI HOUR A.M. M P.M.	OR WHICH OPERATIO RY ONTH DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TERM 18. PART 1	ERE FINDIN G CAUSES	GS USED OF DEATH		
MEDICAL	DR. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJUI HOUR A.M. M P.M.	OR WHICH OPERATIO	216 HOW INJURY OCCUP	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TERM 18. PART 1	ERE FINDIN G CAUSES (] OR PART 2)	GS USED OF DEATH		
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MEDICAL	In. ACCIDENT WAS UNDERLYING DRICONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (Id. INJURY OCCURRED WHILE NOT WHILE AT WORK 20.1 certify that (1) (this happite	216. TIME OF INJUI HOUR A.M. M P.M. 216. PLACE OF INJUI (AT HOME STREET, FACE	OR WHICH OPERATION RY ONTH DAY YEAR 19 JRY ORY OFFICE FARM ETC.) seed from	21c HOW INJURY OCCUP	200 AUTOPSY? YES NO REED (ENIER NATURE OF INJUSTION TO	20b. IF YES, WE IN CERTIFY INCERTIFY INCERTIFY IN ITEM 18. PART 1	COUNTY	GS USED OF DEATH NO		
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WEDICAL	In. ACCIDENT WAS UNDERLYING CORRECTIONS OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Id. INJURY OCCURRED WHILE NOT WHILE TWORK 20. I certify that (I) (this heapth sow the deceased alive an above, (M (we) (did) (did not)	216. TIME OF INJUINED HOUR A.M. M. P.M. 216. PLACE OF INJUINED HOME STREET, FACTOR OF THE STREET AND THE STREET	OR WHICH OPERATION ONTH DAY YEAR 19 JRY ORY OFFICE FARM ETC.) seed from 19 20 30 31 31 31 32 33 34 35 36 37 37 38 38 38 38 38 38 38 38	21c HOW INJURY OCCUP 21f LOCATION 51REET 19 21d that in (my) (aur) opinion	20e AUTOPSY? YES NO RED (ENIER NATURE OF INJURED) CITY OR TO death accurred on the dea	20b. IF YES, WE IN CERTIFYING YES THE STATE OF THE STATE	COUNTY Grant 2) COUNTY Grant 4 Gran	GS USED OF DEATH NO 51 hat (I) (w.:couses start		
WEDICAL 2	In. ACCIDENT WAS UNDERLYING CORRECTIONS OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Id. INJURY OCCURRED WHILE NOT WHILE TWORK 20. I certify that (I) (this heapth sow the deceased alive an above, (M (we) (did) (did not)	216. TIME OF INJUINED HOUR A.M. M. P.M. 216. PLACE OF INJUINED HOME STREET, FACTOR OF THE STREET AND THE STREET	OR WHICH OPERATION ONTH DAY YEAR 19 JRY ORY OFFICE FARM ETC.) seed from 19 20 30 31 31 31 32 33 34 35 36 37 37 38 38 38 38 38 38 38 38	21c HOW INJURY OCCUP 21f LOCATION STREET 19 and that in (my) (aum) apinion DEGREE ATTENDING	20e AUTOPSY? YES NO RED (ENIER NATURE OF INJURED) CITY OR TO death accurred on the dea	20b. IF YES, WE IN CERTIFYING YES THE STATE OF THE STATE	COUNTY	GS USED OF DEATH NO 51 hat (I) (w.:couses start		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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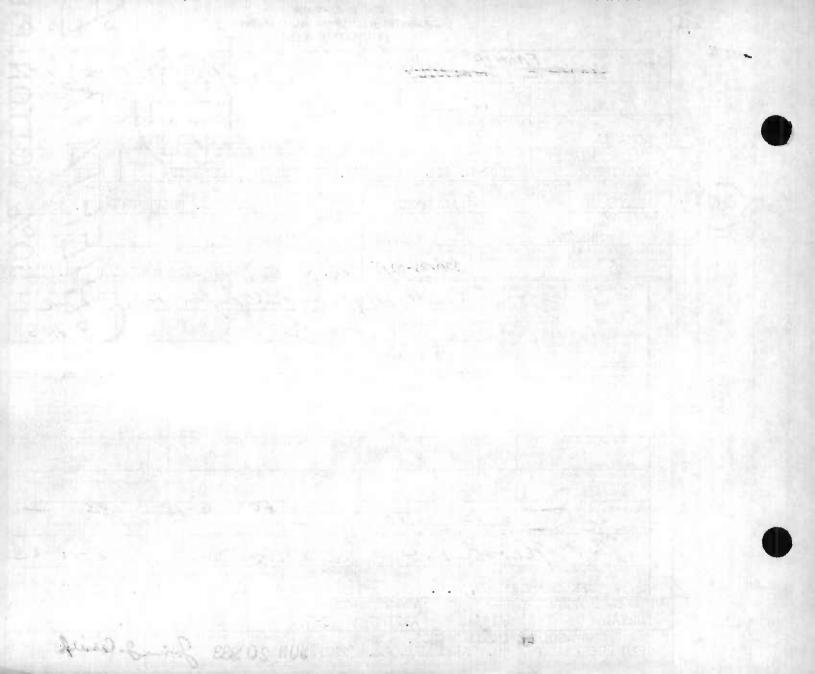
	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	16045
nay be poge 3 sr deoth		CEASED NAME FIRST KASHILL	IN D. W.	77MM Withman	20. DATE OF DEATH MONTH	19 83 12 AM
Page 4 may director, pag hours after de	3 SE	FEMALE	WhITE	April 27, 1896	6 AGE IN YEARS LAST BIRTHDAY)	
funeral of things h		IRTHPLACE (STATE OR FOREIGN COUNTRY) BALTO, MA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	BALTIMONE CITY OR COUNTY	RE CITY MD.
21201 nours offer in by the beritted w	USU	BALTO. AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	ADDRESS) Ty Hospital E ADMISSION)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IS LIFE INDUSTRY FRANKLING
MARYLAND 2	130	ATHER'S NAME	13. CITY OR TOW	NO RE YES NO 115 MOTHER'S MAIDEN NO	13e STREET ADDRESS 5/03/60/FSTo	NE Way 21206.
execution of the condition of the condit		DENNIS NAS DÉCEASED ÉVER IN U.S. AR		ELLE	MIDDLE ADDRESS	WELBY
rote be executively bysician and coopers. Poges oval.		18 CAUSE OF DEATH (Enter of	ve war or DATES) 213-16- nly one couse per line for (a), (b) on	6127 MR. GEORGE	A. WITTMAN	506/MORRISAVE
that the deoth certified by the attending peose remove carbon of cremotion, or remore or other traumatic events or other traumatic events.		PARTI. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	6/5		480
RDS, 2	TION	near resp	inotory arres	DEATH BUT NOT RELATED TO THE TERM		
	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO
OF VI	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH DA	19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DIVISION ENDING PHYSI of or attending OR. After this ac use as the burit Health and Met	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
L OR ATTEN the hospital L DIRECTOR: toched for us to Dept. of He If Hem 21 is			ital) attended the deceased from 19 11 view the body after death 19 11 view the body after dea	DEGREE ATTENDING	death occurred on the date and I	22c. DATE SIGNED
TO HOSPITAL etanned by the TO FUNERAL should be detromined the State with the Sta		22d PHYSICIANS NAME TYPE C	DOPS, MD	22e ADDRESS	Balto, MD	1 Olection
BP	23a. f	BURIAL, CREMATION, REMOVAL	236 DATE 6-23-1983 WZ	NAME OF CEMETERY OR CHEMATORY	23d LOCATION CITY OR TOWN BALTOL	COUNTY MATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	T. Halter	mklin 544	4 BELAIRRY 250. DA	TE REC'D. BY REGISTRAR 256. UN 2 0 1983	STRAR'S SIGNATURE

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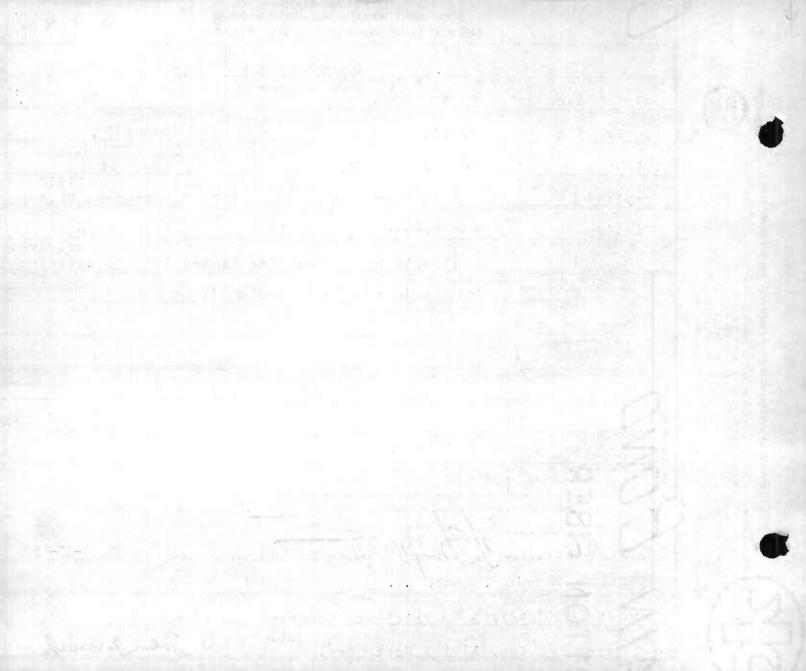
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		OR PRINT)		FIRST			M	IDDLE			L	AST			2a. DATI	E KNOV		MONTH	DAY	YEAR	26 HOU
				Gertru	ude			N.			Woo	oten				H MATI	ED 💢	6	23	1983	
3.	SEX		4. RAC	E	S. DAT	E OF BIRT		YEAR	6 AGE (I		IF UNI	DER 1 YR.	IF UNDE	R 24 HRS.	2c DA PRONO			HTHOM	DAY	YEAR	2d HOU
	F	emale	W.	hite					CALL DIA	YRS.	MUNIH	DAYS	HOURS	MIN.	DE			6	26	1983	8:40
70		THPLACE (ST	ATE OR		76 CIT	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO								COUN	TYOF	DEATH					
L	101	LIGH COUNTRY				WIDOWED DIVORCED D Baltimore Ci									Cit	у,		M			
10	CIT	Y OR TOWN	OF DE	ATH								UAL OCCUPATION (TYPE OF WORK				12b. KI	ND OF BI	JSINESS			
		Baltimo	timore			1321 W. Lombard St				ree					x MOST OF WORKING LIFE)						
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14	l. FA	THER'S NAME								15. MOTH	ER'S MAID				110001		LAST				
		FIRST			WIDDLE				LAST		-		FIRST			WIDDLE				[W2]	
16	e. W	AS DECEASED	EVER	IN U.S. AR	MED FORCES?			6b. SO	CIAL SECU	RITY NO	Э.	17. INFORMANT				AD	DRESS				
		i, no, or unkno $^\circ$	WN)	(IF YES, GIVE	WAR OR D	ATES)					1										
		18. CAUSE OF	DEAT	TH (Enter an	ly pne co	ouse per l	ine for	(a). (b), pnd (c).)											PPROXIMAT	E INTERVAL
		PARTIDE	ATH W	/AC CALICE!	DBV					otio	o Ca	ardio	Vasci	ılar	Dise	ase			BEIT	WEEN ONS	I AND DEATH
1		4292 IMMEDIATE CAUSE (D). Arteriosclerotic Cardiovascular Disease (DUE TO, OR AS A CONSEQUENCE OF																			
		Canditions, if pny, which																			
		gave rise to immediate / (b)																			
ı		fying couse lost.									1.5										
		PART 2 OTHER SIG	NIFICAN	IT CONDITIONS	CONTRIBUT		ATN BUT	NDT REL	ATEO TO THE	TERMINAL	DISEASE	OR CONDITIO	ON GIVEN IN P	ART 1 (n)					_		
1	Z																				
	CERTIFICATION	19a. DATE OF	I	19b CON	DITIO	ITION FOR WHICH OPERATION WA			/AS PERFORMED?						20 AUTOPSY?						
	25				3 34															YES 🗆	NO X
	E E	21a EXTERNA	-			216. TIME				T	21c HO	W INJUR	Y OCCURR	ED (ENTER	NATURE OF	INJURY IN	ITEM 18 PA	RT 1 OR PA			
		UNDERLYING		OR CAUSE OF	DEATH		A,M. N P.M.	HIMON	DAY Y	EAR											
	MEDICAL	21d INJURY C	CCUR	RED		21e PLAC	E OF		(ATHOM	. 2		ATION					1-21				
	X	WHILE AT WORK	NOT	WHILE [STREET, F	ACTORY	, FARM, E	TC.)		ST	REET			CITY OR	TOWN		CO	YTAUK		STATE
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X		EXAMINER'S	NAME	De	nni	e F	Sm	VHA	, M.D				11	I Po	nn S	troo	+				
1		(TYPE OR PRIN	4T)				Jill					DDRESS.						-			
23	3a. BU	RIAL, CREMA					2	23c.	NAME OF	CEMET	ERY OR	CREMAT	ORY	23d. L	OCATION Y OR TOWN	1		cou	INTY	S	TATE
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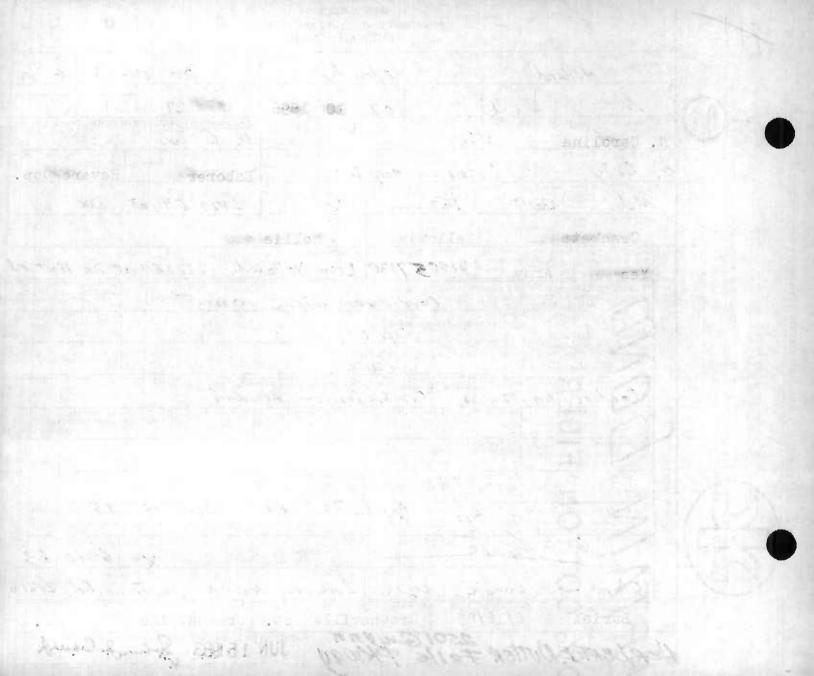
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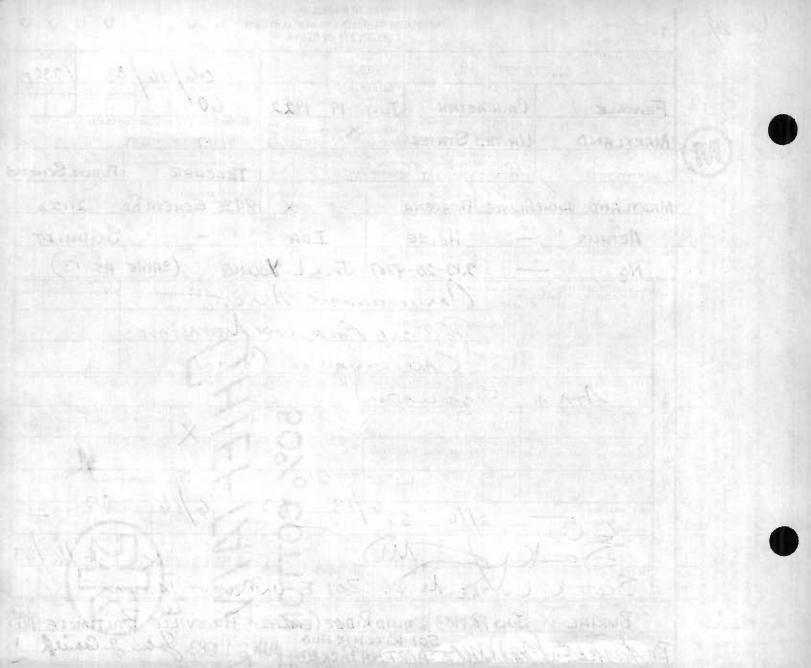




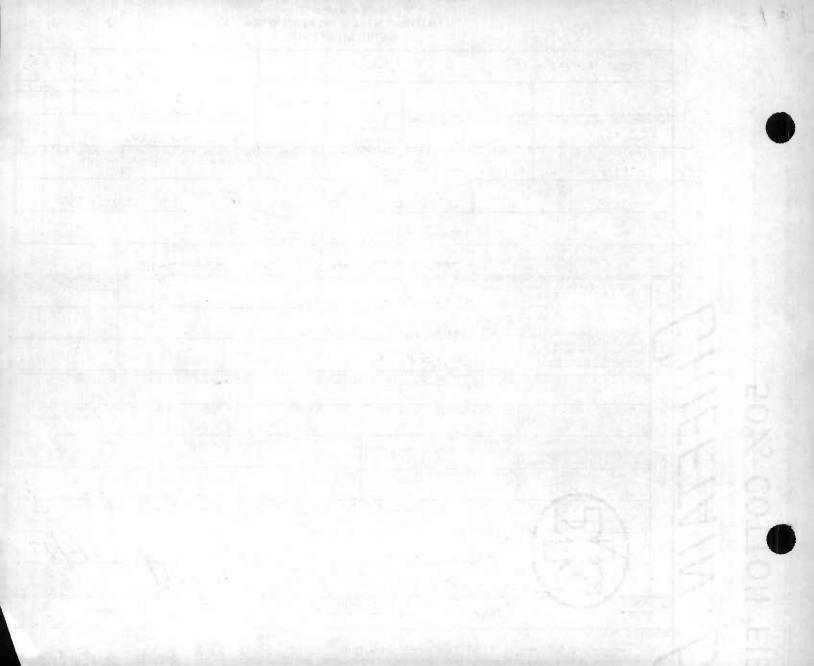
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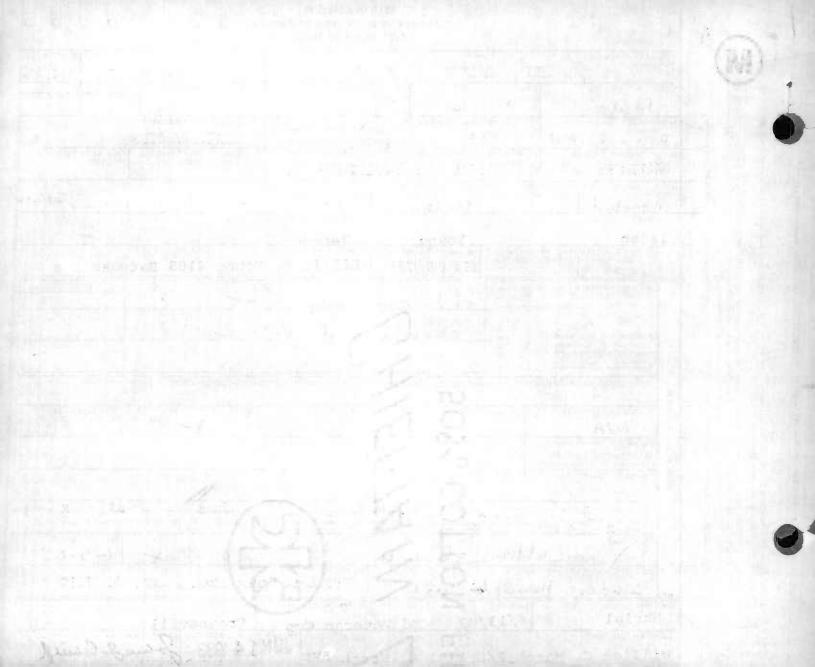
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(VRA 15, 4)	W.	illiam C. Ma	rch F/		E. No.	rth A	ye	1 1 4 198	Joan	mg la	muly



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t the deoth certificate the attending physic fremate corbon pape remation, or removal		18 CAUSE OF DEATH PART I. DEATH W/ Conditions, if any, gave rise to imm couse (a), stating underlying cause	which	DUE TO, O	R AS A CONSEQUER AS A CONSEQUERAD AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS	ENCE OF	Arrest				APPROXIM BETWEEN OF	ATE INTÉRVAL
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DHMH - 16 50M 1/B1 (VRA 15, 4)		pheral Director	on I	nc-6415			25a	DATE REC'D.	BY REGISTRAR	25b. REGISTR	AR'S SIĢNAŢU	RE

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JUNES 88 Johnson		and the	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

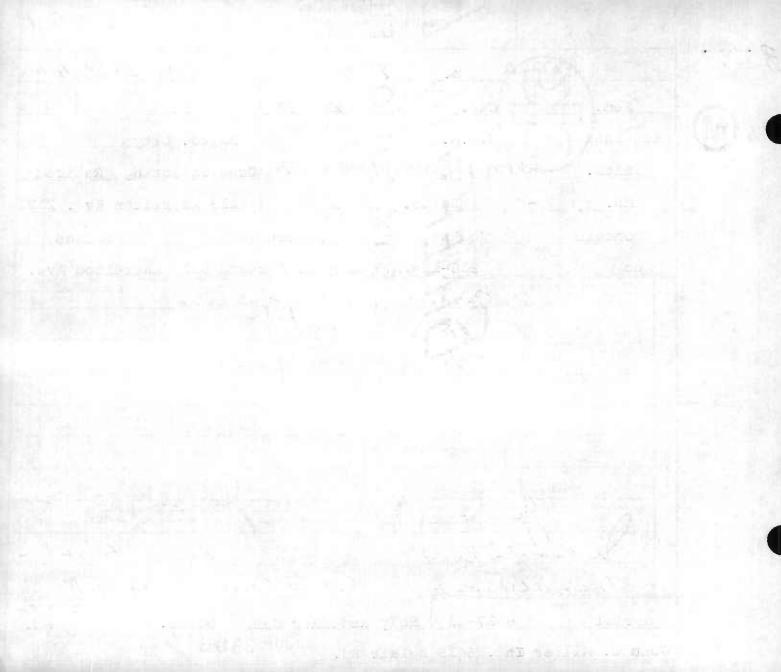
CERTIFICATE OF DEATH

REG. NO.

FOR

- STATE

REGISTRAR



1	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND MENTAL H ICATE OF DEATH		G. NO.	6 0	5 8
7		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEA	. 4	Y YEAR	2b. HOUR
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(SE 87)	3. SE	(4.	RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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2 32 86		RTHPLACE STATE OR FO	DREIGN 76		WHAT COUN	TRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY C	FDEATH	
\$ 15 E		MARYLAND			.S.A.	WIDOWE	DIVORCED	BALTIMO	ORE CITY	000	MD.
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MARYLAND 21201 ed entime 24 hours of ond 2 should be file meantime migride 7		AL RESIDENCE (IF NURSINATE ARYLAND	NG HOME OR OI	THER INSTITUTION, Y	13c. CITY OR BALTIN		13d. INSIDE CITY LIMITS	? 13. STREET ADDR 1910 Gr.	iffis Ave	• 21	230
開館に	14. FA	THER'S NAME	AA II	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	Die	LAST	
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BALTIM core he s system o open. Po mol.		18 CAUSE OF DEATH	Enter anly	ane cause per	r lige far (a), (b), and (c).)		1 11-	Pli -	APPROXIM BETWEEN O	NATE INTERVAL INSET AND DEATH
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PRESTON ST ne death (eff e attending) emayer, or in rtraumatic, or		4120		DUE TO, O	R AS A CONS	EQUENCE OF	40 Myora	and of	1 0	100	
death death and ave co		Canditions, if any,		((b)_			10 July	and The	passerin	1	
of the		gave rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONS	EQUENCE OF	oronalya	stery di	plane.		
RDS, 201 equires th n signed t Then plea r ta burial, injury, or o	NO	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN	V IN PART 1/a	
n. no prior ne prior	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING	
ON OF VITAL IYSICIAN: The ding physician s: certificate he burial-transit p Mental Hransit African sor teen 8 stages	CER	216. ACCIDENT WAS UND		21b. TIME C		DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE O	FINJURY IN ITEM 18 PAR	T 1 OR PART 2)	
SICIA ng ph certifi urial-tr ental	IAL	OR CONTRIBUTING C.		1	.M. MONTH	19					
SION OF VII PHYSICIAN: this certifical the burial-fran id Mental All	MEDICAL	21d. INJURY OCCURR	ED		OF INJURY	FUER EARLY ETC.)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
IVIS IVIS I One I One I Checked	2	WHILE NOT WHE	LE 🗌	(AT HOME, ST	REET, PACTORY, OF	FILE, PARM, ETC.)					
DIV State of a control of a con		22s.I certify that (I) saw the decease	(this hospita	i) attended th	ne deceased fr	am6	113 / 198	, to	8 , 15	83_1	hat (I) (we) lost
Porto of H		saw the decease abave, (I) (we) (d	d alive an Z	view the bady	after death	19.87, ar	d that in (my) (aur) apin	ian death occurred an i	he date and haur o	and from the c	auses stated
OR A DIREC DIREC Sched Dept.		226. SIGNATURE			,		DEGREE	the state of the	4-34-110-4	22c. DATE S	IGNED
SPITAL OR , and by the how NERAL DIRE be detached. State Dept TANT: If then		Kano	haley	Lesa l	& - Au	is.	MA ATTENDING	MEDICAL DIRECTOR PH	STAFF HYSICIAN	6/	18/83
SPIT A be o		274 PHYSICIAN'S NA	ME (TYPE OR P	PRINT)	0	-	220 ADDRESS ST.	ALMES	Hoser	TAZ	
TO HOSPITAL Of retained by the TO FUNERAL E should be detained with the State DimPORTANT: If		KAUSHAL	ENDO	RAK	- SIN	GH .	900 CATOR	AVE. B	altimon		1229.
5 5 7 4 3 X	23a. E	URIAL, CREMATION,	REMOVAL	23b. DATE	I	23c. NAME OF C	EMETERY OR CREMATOR	RY 23d LOCATION			
BP	(SPECIFY) BURIAL		06-21	-83	LOUI	OON PARK	BALT IM	ORE CITY	COUNTY	ARYLAND
DHMH - 16 50M 4/B2	24 FL	NERAL DIRECTOR				-	21229 256.	DATE REC'D. BY REGIS		AR'S SIGNATU	JRE
(VRA 15, 4)	HU	BBARD FUNE	RAL HO	OME, IN	IC. 410	7 WILKEN	IS AVE. J	UN20 1983	John	2. Car	wiel

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L	REGISTRAR		CERTH	TCATE OF DEATH	REG. NO.		
ľ	DECEASED NAME FIRST	MIDDLE	11/21/22 11 11 11	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ı	Aline		- ZAHNE	R	June 10, 1983		8:30 PM
1	SEX	4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Į	Female	White	Jan.	28, 1901	82 YRS.	MONTHS DAYS	HOURS MIN.
1	O BIRTHPLACE (STATE OR FOREIGN COUNTRY) LOUISIANA	76 CITIZEN OF WHAT	1 AAADDIE	D NEVER MARRIED DIVORCED	Baltimore City Or Count		
	Baltimore	Gardenvil.	AL, NURSING HOME (Y, GIVE STREET ADDRESS), Lage Nursin	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE HOME maker	126 KIND O	MD. PF BUSINESS OR
		NTY. 13t CI	TY OR TOWN CKeysville	13d INSIDE CITY LIMITS?	13 STREET ADDRESS 10801 Sandringh	nam Rd.	21030
1	Jean Hebert	WIDDLE	LAST	15. MOTHER'S MAIDEN NA. FIRST Josett	me ce Broussard	LAS	T
1	MAS DECEASED EVER IN U.S. AR (YES, NO DE UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	7-16-7415	Flora Micich	ADDRESS Coc ne 10801 Sandring	-	
	PART 2 ONER SIGNIFICANT Of	(c)	CONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or condition give Dementia.	/EN IN PART 1(6	31
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO		YES NOW YE	t-mark	
	OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE ALWORK ATWORK	HOUR A.M. M. P.M. 21e. PLACE OF INJU	ONTH DAY YEAR	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18.1	COUNTY	STATE
	22a.1 certify that (1) (this hospi sow the deceased alive on above, (1) (mod (did)) (did no 22b. SIGNATURE)	61	7 19 83 , or eath.	nd that in (my) (aux) opinion of	to 6/10/ death occurred on the date and hou		
	22d. PHYSTCIAN'S NAME (TYPE O		7 7	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/	13/83
	Albert Bradl	.ey, M.D.		Belair Road	& Woodlea Avenu	e Balt	imore, M
2	30 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Jun 14, 8		EMETERY OR CREMATORY	23d LOCATION CHYORIOWN S Dundalk Baltim	COUNTY	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: A should be detoched for use with the Stote Dept. of Heal IMPORTANT: If Item

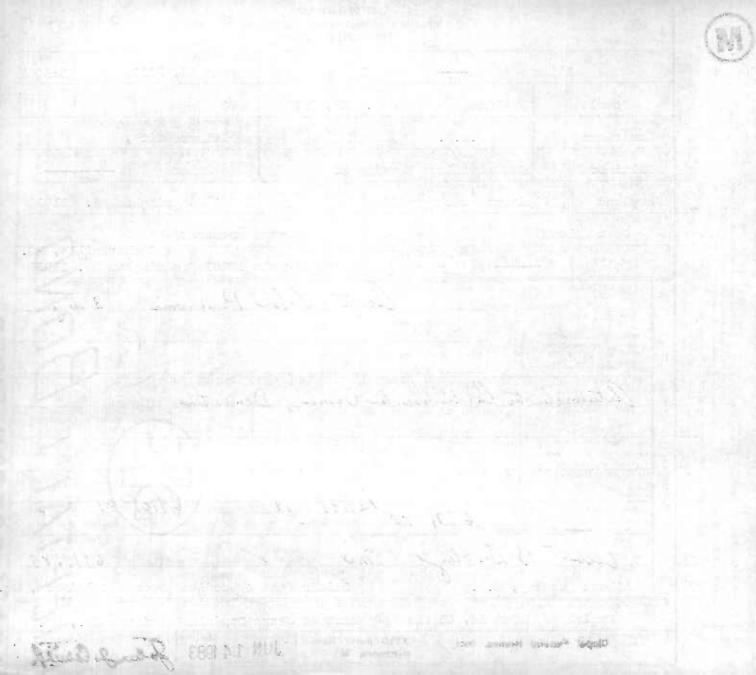
for use as the burial-transit permit. Then pleas of Health and Mental Hygiene priar to burial,

. of Health one rows m 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR Funeral Homes, Inci-

ADDRESS 7110 Belair Road Baltimore, Md.

Sacred Heart of Jesus Dundalk Baltimore Co., Md.



	6	W	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF	EALTH AND FICATE OF	MENTAL HYGI	ENE 8 3	70	6 J	6 0
				EASED NAME	FIRST	- 1	MIDDLE		LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR
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	0		3. SEX		4.	RACE			OF BIRTH		6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS
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	g 24 p		10. CT	Y OR TOWN OF DEAT	Н 11	. NAME OF	HOSPITAL, NU	RSING HOME			120. USUAL OCCUPA	TION	126. KIND OF	BUSINESS OR
102	the other	10		Baltimore		512	1 Albe	rta Ave			Housewi:		INDUSTRY	
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ES	den opte opte opte rour			Canditions, if any,		(b)								
P.	the rem		94	cause (a), stating	the	DUE TO, OI	R AS A CONSE	QUENCE OF						
5	that d by lease ial, c			underlying cause	last.	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires signed hen pli to burii		N	PART 2. OTHER SIGN	FICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	N IN PART 1(a	
O	been mit. T prior	75	CERTIFICATION	19a. DATE OF OPERATI	ON	19h CONDI	TION FOR WE	IICH OPERATIO	N WAS PERF	ORMED	20g AUTOPSY?	20h IF YES.	WERE FINDING	GSTISED
SE SE	n. n. no berm ne pr	9	FIC									IN CERTIFY	ING CAUSES	OF DEATH?
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ō	SICIA ng p certif cential-tientol	7	S	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	Ρ.		19						
Ö	PHY andin		MEDICAL	21d. INJURY OCCURRI	D	21e. PLACE O	OF INJURY REET, FACTORY, OFF	DICE FARM ETC.)	21f. LOCAT		CITY OR	TOWN	COUNTY	STATE
2	ofter ter hon rked		2	AT WORK NOT WHILE					370					
0	A Property African			220.1 certify that (1) (this haspital	attended th	e deceased fro	omm			, ta	, 1	9, tl	hat (1) (we) last
	TOR TOR			saw the deceased	alive an			9	nd that in (my) (aur) apinion d	eath accurred an the	date and haur	and from the c	auses stated
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	AL OI the AL DI detach ote De			Jeodu	a Ve	Eglina	nen, G	n. he	INCP.	ATTENDING PHYSICIAN		AFF SICIAN [7/	1/83
	O HOSPITAL etained by t TO FUNERAL should be de- with the Statt	1		22d. PHYSICIAN'S NA	ME (TYPE OR PE	DINT)			22e ADDRE	SS				
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	of of sho	-	23o. B	URIAL, CREMATION, R	EMOVAL I	23b. DATE		23c. NAME OF			23d. LOCATION			
	BP	TIE.	(SPECIFY)			72				CITY OR TOWN		COUNTY	STATE
			24 FL	Burial INERAL DIRECTOR		7/2/	8.3	Garde	ns of		REC'D. BY REGISTRA	nore, M	AR'S SIGNATI	IR®
	DHMH - 16 50M 4/8	2		NAME			ADDRE			- 01 01	E 1083	Solar	2 Can	rela
	(VRA 15, 4)		I	eonard J.	Ruck,	Inc. F	Baltimo	re, Mar	'yland_		7) 1300	Nº	V	

STATE OF MARYLAND

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4 8	1	STATE OF MARYLAND 1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE _ 8 3 6 0 6 CERTIFICATE OF DEATH REG. NO.					
noy be poge 3		ECEASED NAME FIRST MIDDLE ZIVKOVICHE 6/9/19	DAY YEAR 26. HOUR				
oge 4 n	2	M Cauc 9 14 14 68 YRS					
The second	Mw.	BIRTHPLACE ISTATE OR FOREIGN COUNT COUNTY? MARRIED INEVER MARRIED IN BALTIMORE CITY OR COUNTY? WIDOWED DIVORCED					
by the filed	de	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORLF FOR MOST OF WORKING PROPRIETOR	BARY REST.				
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examiner must be at	130	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS PARTY 139. STREET ADDRESS PARTY 130. STREET ADDRESS 130. STREET ADDRESS	star 5/2/202				
	a	PETER ZIVKOUICHE 15 MOTHER'S MAIDEN NAME PRIST MIDDLE MIDLLE MIDDLE MIDDL	Sob A				
BALTIMORE, cote be execu- ysician and co ppers. Pages I wol.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236 092980 JOSEPHINE, BLESSING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici Then please remove carbonoppes i to burial, cremotion, or removal.	NO	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR	GIVEN IN PART 1(0)				
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YESNO				
ION OF VI HYSICIAN: nding phys nding phys bus certifica bus certifica bus certifica or them 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING					
e hospital or DIRECTOR: A ched for use Dept of Heal	W	WHILE AT WORK AT WORK (ITYPE OR PRINT) AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STREET CITY OR TOWN STREET CITY OR TOWN CITY OR TOWN TO DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	, 19_85_, that th (we) lost				
TO HOSPITAL retoined by the TO FUNERAL should be deta	730	BURIAL CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OF CREMATORY 236 LOCATION	AL				
BP		Burial 6/13/83 Bonhuer Mem. Pk. Howard Co.					
DHMH-16 20M (VRA 15, 4) 7/7		FUNERAL DIRECTOR Henry W. Jenkins, & Sons Co. 905 York Road Balto., MD 21212	ISTRAR'S SIGNATURE				

THE SECOND SECONDS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 2a DATE OF DEATH LTYPE OR PRINTI Catherine Zubrowski June 12, 1983 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR Sept. 9 Female White 1906 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. U.S.A. Baltimore City WIDOWEDXX 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Dudley Ave. Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS Md. Baltimore 3307 Dudley Ave. 21213 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Michae] Elizabeth Zaworski ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES. NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 212-58-7290 Dorothy Brokos (dghtr) same address no 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE 220 I certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on. and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

Darrell Jaques

27e. ADDRESS 1001

Cromwell Bridge Rd., Suite 308

Md.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 6/15/83

22d. PHYSICIAN'S NAME (TYPE OF PRINT

231 NAME OF CEMETERY OR CREMATORY St. Stanislaus

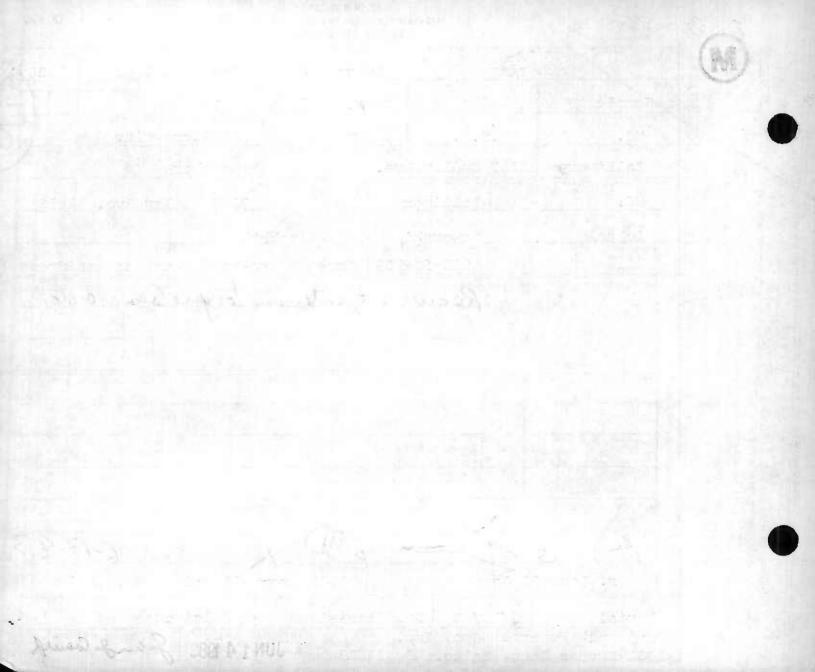
23d LOCATION Baltimore COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

0

Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN



20M 4/82

